



64988

BPRS (Brief Psychiatric Rating Scale)PID# RPN# Interviewer: Date Site:

Directions: There are 19 items to be rated. The starred items (Items 3, 4, 6, 7, 13, 14, 16, 17, 18 and 19) should be rated on the basis of observations made during the interview. For these items, 1 = Not observed. The remaining items should be rated on the basis of reported (i.e., subjective) information pertaining to the past week. For these items, 1 = Not reported.

1. **Somatic Concern:** During the past week how has your physical health been? Do you feel you are physically ill in any way? (What do you think is wrong?) (How serious is it?) Have you worried about your health recently? Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the patient whether complaints have a realistic basis or not. Do not rate mere reporting of somatic symptoms. Rate only concern for (or worrying about) physical problems (real or imagined). Rate on the basis of reported (i.e. subjective) information pertaining to the past week.

- ☐ Not Reported
- ☐ Very Mild: occasionally is somewhat concerned about body, symptoms or physical illness
- ☐ Mild: occasionally is moderately concerned, or often is somewhat concerned
- ☐ Moderate: occasionally is very concerned, or often is moderately concerned
- ☐ Moderately Severe: often is very concerned
- ☐ Severe: is very concerned most of the time
- ☐ Very Severe: is very concerned nearly all of the time
- ☐ Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness or; Not assessed

2. **Anxiety:** During the past week have you felt very frightened or anxious? Have you worried a lot? (What do you worry about?) Have you had the feeling that something terrible might happen? Worry, fear, or overconcern for present or future. Rate solely on the basis of verbal report of patient's own subjective experiences. Do not infer anxiety from physical signs or from neurotic defense mechanisms. Do not rate if restricted to somatic concern. (fill in "Not rated")

- ☐ Not reported
- ☐ Very Mild: occasionally feels somewhat anxious
- ☐ Mild: occasionally feels moderately anxious, or often feels somewhat anxious
- ☐ Moderate: occasionally feels very anxious, or often feels moderately anxious
- ☐ Moderately Severe: often feels very anxious
- ☐ Severe: feels very anxious most of the time
- ☐ Very Severe: feels very anxious nearly all of the time
- ☐ Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness or; Not assessed
- ☐ Not rated



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3. Emotional Withdrawal: Deficiency in relating to the interviewer and to the interview situation. Overt manifestations of this deficiency include poor/absence of eye contact, failure to orient oneself physically toward the interviewer, and a general lack of involvement or engagement in the interview. Distinguish from BLUNTED AFFECT, in which deficits in facial expression, body gesture, and voice pattern are scored.

- ☐ Not observed
- ☐ Very Mild e.g., occasionally exhibits poor eye contact
- ☐ Mild e.g., as above, but more frequent
- ☐ Moderate e.g., exhibits little eye contact, but still seems engaged in the interview and is appropriately responsive to all questions
- ☐ Moderately Severe e.g., stares at floor or orients self away from interviewer, but still seems moderately engaged
- ☐ Severe e.g., as above, but more persistent or pervasive
- ☐ Very Severe e.g., appears "spacey" or "out of it" (total absence of emotional relatedness), and is disproportionately uninvolved or unengaged in the interview
- ☐ Cannot be assessed (e.g., scored from audiotape)

4. Conceptual Disorganization: Degree of speech incomprehensibility. Include any type of formal thought disorder (e.g., loose associations, incoherence, flight of ideas, neologisms). DO NOT include mere circumstantiality or pressured speech, even if marked. DO NOT rate on the basis of the patient's subjective impressions (e.g., "my thoughts are racing, I can't hold a thought," "my thinking gets all mixed up"). Rate ONLY on the basis of observations made during the interview.

- ☐ Not observed
- ☐ Very Mild e.g., somewhat vague, but of doubtful clinical significance
- ☐ Mild e.g., frequently vague, but the interview is able to progress smoothly
- ☐ Moderate e.g., occasional irrelevant statements, infrequent use of neologisms, or moderate loosening of associations
- ☐ Moderately Severe as above, but more frequent
- ☐ Severe formal thought disorder is present for most of the interview, and the interview is severely strained
- ☐ Very Severe very little coherent information can be obtained
- ☐ Not assessed

5. Guilt Feelings: During the past week have you been blaming yourself for anything? Have you been feeling guilty? (Do you feel that you deserve punishment?) (Have you been thinking about this a lot?)

Overconcern or remorse for past behavior. Rate on the basis of the patient's subjective experiences of guilt as evidenced by verbal report. Do not infer guilt feelings from depression, anxiety, or neurotic defenses.

- ☐ Not observed
- ☐ Very Mild occasionally feels somewhat guilty
- ☐ Mild occasionally feels moderately guilty, or often feels somewhat guilty
- ☐ Moderate occasionally feels very guilty, or often feels moderately guilty
- ☐ Moderately Severe often feels very guilty
- ☐ Severe feels very guilty most of the time, or encapsulated delusion of guilt
- ☐ Very Severe agonizing constant feelings of guilt, or pervasive delusions(s) of guilt
- ☐ Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness, or Not assessed



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6. **Tension:** Rate motor restlessness (agitation) observed during the interview. DO NOT rate on the basis of subjective experiences reported by the patient. Disregard suspected athogenesis (e.g., tardive dyskinesia).

- ☐ Not observed
- ☐ Very Mild e.g., occasionally fidgets
- ☐ Mild e.g., frequently fidgets
- ☐ Moderate e.g., constantly fidgets, or frequently fidgets, wrings hands and pulls clothing
- ☐ Moderately Severe e.g., constantly fidgets, wrings hands and pulls clothing
- ☐ Severe e.g., cannot remain seated (i.e., must pace)
- ☐ Very Severe e.g., paces in a frantic manner
- ☐ Cannot be assessed (e.g., scored from audiotape)

7. **Mannerism and Posturing:** Unusual and unnatural motor behavior. Rate only abnormality of movements; do not rate simple heightened motor activity here. Consider frequency, duration, and degree of bizarreness. Disregard suspected pathogenesis.

- ☐ Not observed
- ☐ Very Mild odd behavior but of doubtful clinical significance, e.g. occasional unprompted smiling, infrequent lip movements
- ☐ Mild strange behavior but not obviously bizarre, e.g., infrequent head-tilting (side to side) in rhythmic fashion, intermittent abnormal finger movements
- ☐ Moderate e.g. assumes yoga position for a brief period of time, infrequent tongue protrusions, rocking
- ☐ Moderately Severe e.g., assumes and maintains yoga position throughout interview, unusual movements in several body areas
- ☐ Severe as above, but more frequent, intense, or pervasive
- ☐ Very Severe e.g., bizarre posturing throughout most of the interview, continuous abnormal movements in several body areas
- ☐ Cannot be assessed (e.g., scored from audiotape)

8. **Grandiosity:** During the past week have you felt more self-confident than usual? Do you have any special abilities or talents? Do you feel there is a special purpose or mission to your life? (Have you thought you might be somebody rich or famous?)

Inflated self-esteem (self-confidence), or inflated appraisal of one's talents, powers, abilities, accomplishments, knowledge, importance, or identity. Do not score mere grandiose quality of claims (e.g., "I'm the worst sinner in the world," "The entire country is trying to kill me") unless the guilt/persecution is related to some special, exaggerated attributes of the individual. Also, the patient must claim exaggerated attributes; e.g., if patient denies talents, powers, etc., even if he or she states that others indicate that he/she has these attributes, this item should not be scored, fill in Not scored.

- ☐ Not reported
- ☐ Very Mild: e.g., is more confident than most people, but of only possible clinical significance
- ☐ Mild: e.g., definitely inflated self-esteem or exaggerates talents somewhat out of proportion to the circumstances
- ☐ Moderate: e.g., inflated self-esteem or exaggerates talents somewhat out of proportion to the circumstances, or suspected grandiose delusions(s)
- ☐ Moderately Severe: e.g., a single (definite) encapsulated grandiose delusion, or multiple (definite) fragmentary grandiose delusions
- ☐ Severe: e.g., a single (definite) grandiose delusion/delusional system, or multiple (definite) grandiose delusions that the patient seems preoccupied with
- ☐ Very Severe: e.g., as above, but nearly all conversation is directed toward the patient's grandiose delusion(s)
- ☐ Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness or; Not assessed
- ☐ Not scored



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9. **Depressive Mood:** In the past week have you had less interest in your usual activities? Have you felt sad or depressed? (Have you cried at all?) (How bad is the feeling?) (How long does it last?)

Subjective report of feeling depressed, blue, "down in the dumps." etc. Rate only degree of reported depression. Do not rate on the basis of inferences concerning depression based upon general retardation and somatic complaints.

- ☐ Not reported
- ☐ Very Mild occasionally feels somewhat depressed
- ☐ Mild occasionally feels moderately depressed, or often feels somewhat depressed
- ☐ Moderate occasionally feels very depressed, or often feels moderately depressed
- ☐ Moderately Severe often feels very depressed
- ☐ Severe feels very depressed most of the time
- ☐ Very Severe feels very depressed nearly all of the time
- ☐ Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness, or Not assessed

10. **Hostility:** During the past week have you been feeling irritable? How have you been getting along with other people? (Have you gotten in any arguments or fights?) Have you been easily annoyed or angered? (How strongly have you felt this way?) (How much of the time?)

Animosity, contempt, belligerence, disdain for other people outside the interview situation. Rate solely on the basis of verbal report of feelings and actions of the patient toward others during the week. Do not infer hostility from neurotic defenses, anxiety or somatic complaints.

- ☐ Not reported
- ☐ Very Mild occasionally feels somewhat angry
- ☐ Mild often feels somewhat angry, or occasionally feels moderately angry
- ☐ Moderate occasionally feels very angry, or often feels moderately angry or occasionally yells at others
- ☐ Moderately Severe often feels very angry, often yells at others or occasionally threatens to harm others
- ☐ Severe has acted on his anger by becoming physically abusive on one or two occasions or makes frequent threats to harm others
- ☐ Very Severe has been physically aggressive and/or required intervention to prevent assaultiveness on several occasions; or any serious assaultive act
- ☐ Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness, or Not assessed

11. **Suspiciousness:** How did you get along with people in general during the past week? Do you feel that you have to be on guard with people? Has anyone been giving you a hard time, or accusing you of things? Has anyone deliberately tried to annoy you? Tried to harm you?

Belief (delusional or otherwise) that others have now, or have had in the past, malicious or discriminatory intent toward the patient. On the basis of verbal report, rate only those suspicions which are currently held whether they concern past or present circumstances.

- ☐ Not reported
- ☐ Very Mild rare instances of distrustfulness which may or may not be warranted by the situation
- ☐ Mild occasional instances of suspiciousness that are definitely not warranted by the situation
- ☐ Moderate more frequent suspiciousness, or transient ideas of reference
- ☐ Moderately Severe pervasive suspiciousness, or frequent ideas of reference
- ☐ Severe definite delusion(s) of reference or persecution that is (are) not wholly pervasive (e.g. an encapsulated delusion)
- ☐ Very Severe as above, but more widespread, frequent, or intense
- ☐ Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness, or Not assessed



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12. Hallucinatory Behavior: Have you had any unusual experiences during the past week? Do you seem to hear noises or voices when there's no one around and nothing else to explain it? Have you had visions, or seen things that others couldn't see? Is there anything unusual about the way things feel, or taste, or smell? (How often do you hear voices?) (Do your voices make it hard to concentrate?) (Do they tell you to do things?)

Perceptions (in any sensory modality) in the absence of an identifiable external stimulus. Rate only those experiences that have occurred during the last week. DO NOT rate "voices in my head," or "visions in my mind" unless the patient can differentiate between these experiences and his or her thoughts.

- ☐ Not reported
- ☐ Very Mild suspected hallucinations only
- ☐ Mild definite hallucinations, but insignificant, infrequent or transient (e.g., occasional formless visual hallucinations, a voice calling the patient's name)
- ☐ Moderate as above, but more frequent or extensive (e.g., frequently sees the devil's face, two voices carry on lengthy conversations)
- ☐ Moderately Severe hallucinations are experienced nearly every day, or are a source of extreme distress
- ☐ Severe as above, and has had a moderate impact on the patient's behavior (e.g., concentration difficulties leading to impaired work functioning)
- ☐ Very Severe as above, and had had a severe impact (e.g. attempts suicide in response to command hallucinations)
- ☐ Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness, or Not assessed

13. Motor Retardation: Reduction in energy level evidenced in slowed movements. Rate on the basis of observed behavior of the patient only; do not rate on the basis of the patient's subjective impression of his or her own energy level.

- ☐ Not observed
- ☐ Very Mild and of doubtful clinical significance
- ☐ Mild e.g. conversation is somewhat retarded, movements somewhat slowed
- ☐ Moderate e.g. conversation is noticeably retarded but not strained
- ☐ Moderately Severe e.g. conversation is strained, moves very slowly
- ☐ Severe e.g., conversation is difficult to maintain, hardly moves at all
- ☐ Very Severe e.g. conversation is almost impossible, does not move at all throughout the interview
- ☐ Cannot be assessed (e.g., scored from audiotape)

14. Uncooperativeness: Evidence of resistance, unfriendliness, resentment, and lack of readiness to cooperate with the interviewer. Rate only on the basis of the patient's attitude and responses to the interviewer and the interview situation; do not rate on the basis of reported resentment or uncooperativeness outside the interview situation.

- ☐ Not observed
- ☐ Very Mild e.g. does not seem motivated
- ☐ Mild e.g. seems evasive in certain areas
- ☐ Moderate e.g. monosyllabic, fails to elaborate spontaneously
- ☐ Moderately Severe e.g. expresses resentment and is unfriendly throughout the interview
- ☐ Severe e.g. refuses to answer a number most questions
- ☐ Very Severe e.g. refuses to answer most questions
- ☐ Cannot be assessed



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15. Unusual Thought Content: Have you had any difficulty with your thinking in the past week? Do certain things have special meaning for you? (Give me an example) Is there any interference with your thoughts? Is there anything controlling your thoughts or movements? Do you see references to yourself in surprising places like on TV?

Severity of delusions of any type - consider conviction and effect on actions. Assume full conviction if patient has acted on his or her beliefs. Rate on the basis of reported (i.e. subjective) information pertaining to the past week.

- ☐ Not reported
- ☐ Very Mild delusion(s) suspected or likely
- ☐ Mild at times, patient questions his or her belief(s) (partial delusion)
- ☐ Moderate full delusional conviction, but delusion(s) has little or no influence on behavior
- ☐ Moderately Severe full delusional conviction, but delusion(s) has only occasional impact on behavior
- ☐ Severe delusion(s) has significant effect e.g. neglects responsibilities because of preoccupations with belief that he/she is God
- ☐ Very Severe delusion(s) has major impact e.g., stops eating because believes food is poisoned
- ☐ Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness, or Not assessed

16. Blunted Affect: Diminished affective responsivity as characterized by deficits in facial expression, body gesture, and voice pattern. Distinguish from EMOTIONAL WITHDRAWAL in which the focus is on interpersonal impairment rather than affect. Consider degree and consistency of impairment.

- ☐ Not observed
- ☐ Very Mild e.g. occasionally seems indifferent to material that is usually accompanied by some show of emotion
- ☐ Mild e.g., somewhat diminished facial expression or somewhat monotonous voice or somewhat restricted gestures
- ☐ Moderate e.g. as above but more intense, prolonged, or frequent
- ☐ Moderately Severe e.g., flattening of affect including at least two of the three features ; severe lack of facial expression, monotonous voice, or restricted body gestures
- ☐ Severe e.g., profound flattening of affect
- ☐ Very Severe e.g., totally monotonous voice, and total lack of expressive gestures throughout the evaluation
- ☐ Cannot be assessed (e.g., scored from audiotape)

17. Excitement: Heightened emotional tone, including irritability and expansiveness (hypomanic affect). Do not infer affect from statement of grandiose delusions.

- ☐ Not observed
- ☐ Very Mild and of doubtful clinical significance
- ☐ Mild e.g., irritable or expansive at times
- ☐ Moderate e.g., frequently irritable or expansive
- ☐ Moderately Severe e.g., constantly irritable or expansive; or at times enraged or euphoric
- ☐ Severe e.g. enraged or euphoric throughout most of the interview
- ☐ Very Severe e.g., as above but to such a degree that the interview must be terminated prematurely
- ☐ Cannot be assessed



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18. **Disorientation:** Now I want to ask you some standard questions that we usually ask at this point; What is today's date? (What day of the week is it? What month? What day of the month? What year?) Where are we now? Confusion or lack of proper association for person, place, or time.

- ☐ Not reported
- ☐ Very Mild e.g. seems somewhat confused
- ☐ Mild e.g. indicates 1982 when, in fact it is 1983
- ☐ Moderate e.g. indicates 1978
- ☐ Moderately Severe e.g. is unsure where he/she is
- ☐ Severe e.g. has no idea where he/she is
- ☐ Very Severe e.g. does not know who he/she is
- ☐ Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness, or Not assessed

19. **Poverty of Speech:** A restriction in the amount of spontaneous speech, i.e., conversation and answers to questions are either brief or unelaborated. Meaningful information is rarely provided.

- ☐ Not observed
- ☐ Very Mild ,Questionable.
- ☐ Mild Occasional replies do not include elaborated information even when this is appropriate.
- ☐ Moderate As above, but more frequently replies do not include elaborated information or occasional replies are monosyllabic or brief.
- ☐ Moderately Severe At least half of the patients' replies are monosyllabic or brief.
- ☐ Severe Most answers are rarely more than a few words in length, and occasionally questions may be left unanswered.
- ☐ Very Severe Patients' answers are either monosyllabic or she/he fails to answer questions.
- ☐ Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness; or not assessed.

20. **Inappropriate Affect:** Affect expressed is inappropriate or incongruous with the context of the situation. Most typically, this manifestation of affective disturbance takes the form of smiling or assuming a silly facial expression while talking about a serious or sad subject.

- ☐ Not reported
- ☐ Very Mild questionable
- ☐ Mild at least one clear instance of inappropriate smiling or other inappropriate affect
- ☐ Moderate at least two clear instances of inappropriate affect
- ☐ Moderately Severe occasional to frequent instances of inappropriate affect
- ☐ Severe frequent instances of inappropriate affect
- ☐ Very Severe affect is inappropriate most of the time
- ☐ Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness, or Not assessed